

John Hickenlooper
Governor

Ellen Golombek
Executive Director
Department of Labor & Employment

David Csintyan, *Chair of CWDC*

Stephanie Steffens, *Director of CWDC*



Dani Crane, *Chair of SYC*

STATE YOUTH COUNCIL
Colorado Workforce Development Council
633 17th Street, Suite 1200, Denver, Colorado 80202
303-318-8113 cwdc@state.co.us

State of Colorado
Workforce Development Council
State Youth Council Membership Application

Name:
Home Address:
Work Address:
Work Phone:
E-Mail Address:
Fax Number:

Occupation:
Title:
Business Name:

State why you feel you should be appointed to the State Youth Council and how you are qualified to serve on the Council:

I have been informed of the duties and functions of the State Youth Council, a sub-committee of the Colorado Workforce Development Council, and am committed to attending approximately ten regularly scheduled meetings and any other function/subcommittee meetings as they occur. In signing below, I am committing to serve on the State Youth Council for a term of two years.

I understand the Colorado Workforce Development Council staff and members of the State Youth Council will review this application. I also understand the Colorado Public Records law may require certain information on this application to be accessible to the general public.

Signed: _____

Date: _____